

Policy: Complaints and Feedback

Introduction

Care1 strives to provide quality services and is committed to continuous improvement activities. Care1 provides an efficient and fair resolution to all complaints. Complaints are seen by Care1 as an opportunity to improve in a manner which benefits all care recipients, staff members, service delivery and working conditions. All complaints will be handled confidentially, and in an unbiased manner.

Purpose

This policy provides care recipients, staff, family, and external parties information around complaints management and the process involved.

Scope

This policy is designed to ensure that all complaints and feedback are thoroughly reviewed, appropriate actions are taken, resolution is made, and trends are analysed. Complaints and feedback may be provided by care recipients, staff members, family members or person(s) responsible, service providers, or other external parties.

The Care Coordination and Senior Management Team are responsible for acknowledging, addressing, and resolving complaints. This includes the Human Resources team for staff complaints.

Policy

As a care provider, Care1

- Treats all issues and concerns raised by care recipients as a complaint even if the care recipient doesn't say they wish to raise a formal complaint.
- Treats all issues and concerns raised by staff members, family members and external parties as a serious matter requiring investigation and change.
- Acknowledges that mistakes can and do happen. Feedback about mistakes and other issues are taken seriously to show that feedback is important.
- Has a complaints mechanism that aims to achieve a fair and efficient resolution to concerns for all complainants, and is person-centred and champions dignity, equity and fairness for care recipients.
- Ensures staff encourage care recipients to voice opinions if they are unhappy with their services, and relay this to the Coordination team.
- Treats all complaints with procedural fairness. A fair and proper procedure will be used when making a decision to justify a fair and correct decision being made; based on supporting evidence, lack of bias, and an appropriate hearing to the circumstances.

Care1 treats all complaint information as confidential. The identity of the person complaining as well as any private information will only be given to people who need to know it, to deal with the issue. If staff are involved in a complaint, they are given information about allegations made against them and a chance to defend themselves before a decision is made.

Complainants including care recipients, staff and family members, and external parties who provide information as part of a complaint are protected from any repercussions, reprisals or victimisation which may occur because of making a complaint. Care recipients will not be victimised for making a complaint and all services will continue if there is an investigation.

Complaints and Feedback Procedure

Who can complain?

A care recipient, staff member, family member, friend, or external body or member of the public can submit a complaint.

How do you complain?

Complaints can be submitted in multiple avenues. These include via an online form, in-person, verbally, or in writing (email, post). Care recipient feedback may also be received at routine visits, fortnightly check-ins, and team meetings.

Anonymous complaints may also be submitted through the online website. However, as Care1 is committed to maintaining full confidentiality for complainants, Care1 prefers complainants to provide contact details when submitting a complaint. An anonymous complaint will be taken as a form of feedback, but cannot be managed as a complaint, therefore Care1 will be unable to provide feedback to the complainant if submitted anonymously.

What can you complain about?

Complaints can be received about anything felt to be unreasonable or unfair. Feedback can also be provided about things that have gone well or gone wrong.

How will my complaint be handled?

All complaints are completely confidential and treated with procedural fairness. A fair and proper procedure will be used when making a decision to justify a fair and correct decision being made; based on supporting evidence, lack of bias, and an appropriate hearing to the circumstances.

Complainants and other people who provide information as part of a complaint are protected from any repercussions, reprisals or victimisation which may occur because of making a complaint.

Care recipients will not be victimised for making a complaint and services will continue if there is an investigation.

All complaints will be acknowledged within 24 hours of contact and resolved within 30 days.

What is the complaints management process?

After a complaint is raised

1. Staff acknowledge receipt of the complaint within 24 hours. The matter will be escalated to the NDIS Commission if it meets the criteria of a Reportable Incident or be escalated to the iCare Attendant Care Unit if it meets the criteria

- of an Adverse Event. Matters which are of a serious nature will be reported to the relevant external body e.g. Police.
2. Staff will discuss and resolve the matter directly with the complainant, as quickly as possible.
 3. Staff will record their decisions and actions. If the complaint is not resolved, staff provide information about escalation to the Senior Management Team or external body.
 4. A member of the Senior Management Team will consult the complainant about their preferred course of action and whether they wish to involve support (e.g. advocate, family member).
 5. The complaints management process is explained to the complainant along with timeframes required in actioning and resolving the complaint. All complaints are resolved within 30 days.
 6. The Senior Management Team acts to resolve the complaint. When a staff member is the subject of a complaint they are informed as soon as possible, and they are asked for their response to the allegations.
 7. The Senior Management Team updates the complainant with progress of actions taken towards the complaint, timeframes on full resolution of the matter, and any additional feedback on complaint resolution.
 8. Where a complaint cannot be resolved, external options are provided to the complainant such as: The NDIS Commission, Health Care Complaints Commission, iCare.
 9. The Senior Management Team updates the complainant, and everyone involved about the final outcome.
 10. Systems and ways of working are reviewed to see what improvement may be made to service delivery moving forward.

How is my complaint recorded?

All complaints are recorded and monitored in the Complaints Register within the Quality Management System, Mango. All actions taken to resolve as well as outcomes of complaints are documented for a minimum of seven years.

Corrective actions resulting from complaints are documented in the Improvements Register where continuous improvement activities are monitored. These are completed within 30 days. Complaints data is reviewed monthly to identify patterns and trends to identify ways service delivery, care recipient safety and satisfaction is maintained.

Complaint management process review

The complaints management process is regularly reviewed. The policy is reviewed on a yearly basis. Low reporting of complaints is taken as a sign care recipients may not know how to complain or be scared to. Staff training in complaints management is undertaken at a team meeting every 6 months. Feedback on the complainant's experience of complaint management is gathered throughout the process and at the point of complaint resolution to identify process improvements.

External advocacy services

Care1 supports care recipients to use advocacy services for support in complaints management. The below is an example of a service that may be used

- Disability Advocacy NSW: 1300 365 085, <https://www.da.org.au/>, da@da.org.au
(TTY [133 677](tel:133677), interpreter [131 450](tel:131450))